

**RECEIVED
CENTRAL FAX CENTER**

FEB 25 2004

OFFICIAL**MORRISON & FOERSTER LLP**

Attorneys at Law
425 Market Street
San Francisco, California 94105-2482
Telephone: (415) 268-7000
Facsimile: (415) 268-7522

To:

NAME:	FACSIMILE:	TELEPHONE:
Commissioner for Patents USPTO	703-872-9306	

FROM: Cameron A. King**DATE:** February 25 2004

Number of pages with cover page: 4

Preparer of this slip has confirmed that facsimile number given is correct: 6567/vlhl**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

Attorney/Docket No.: 412692000403
Group Art Unit: 1619
Examiner: Not Yet Assigned
Application No.: 09/869,282
Filing Date: June 18, 2002
Inventors: SIRIMANNE et al.
Title: Devices and Methods for Marking of a Biopsy Cavity (as amended)

sf-1648807

RECEIVED
CENTRAL FAX CENTER

FEB. 25, 2004 2:40PM

MOFO FAX CTR X7522

NO. 2844 P. 2/4

FEB 25 2004

2/26

OFFICIAL

PTO/SB/03 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/869,282
	Filing Date	June 18, 2002
	First Named Inventor	D. Laksen SIRIMANNE
	Art Unit	1619
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	412692000403

Commissioner for Patents
 To: P.O. Box 1450
 Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Request of assignee

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number 27777

OR

<input type="checkbox"/> Firm or Individual Name			
--	--	--	--

Address			
---------	--	--	--

City	State	Zip	
------	-------	-----	--

Country			
---------	--	--	--

Telephone	Fax	
-----------	-----	--

This request is made on behalf of myself and
 all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 20872

This request is enclosed in triplicate (including any attachments).

Name	Cameron A. King		
Signature	<i>Cameron A. King</i>	Registration No.	41,897
Date	2-25-04		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile to facsimile number 703-973-9306 addressed to:
 Commissioner for Patents, on the date shown below.

Dated: _____ Signature: _____ (Christa Carter)

SF-1648571

PTO/SB/63 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/869,282
Filing Date	June 18, 2002
First Named Inventor	D. Laksen SIRIMANNE
Art Unit	1619
Examiner Name	Not Yet Assigned
Attorney Docket Number	412692000403

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Request of assignee

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number 27777

OR

<input type="checkbox"/>	Firm or Individual Name			
--------------------------	-------------------------	--	--	--

Address				
---------	--	--	--	--

City	State	Zip	
------	-------	-----	--

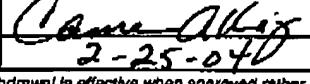
Country			
---------	--	--	--

Telephone	Fax	
-----------	-----	--

This request is made on behalf of myself and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number 20872

This request is enclosed in triplicate (including any attachments).

Name	Cameron A. King		
Signature		Registration No.	41,897
Date	2-25-04		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile to facsimile number 703-873-8306 addressed to:
 Commissioner for Patents, on the date shown below.

Dated: _____ Signature: _____ (Christa Carter)

sf-1648571

PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/869,282
Filing Date	June 18, 2002
First Named Inventor	D. Laksen SIRIMANNE
Art Unit	1619
Examiner Name	Not Yet Assigned
Attorney Docket Number	412692000403

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Request of assignee

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number 27777

OR

<input type="checkbox"/> Firm or Individual Name	
--	--

Address			
---------	--	--	--

City	State	Zip	
------	-------	-----	--

Country			
---------	--	--	--

Telephone	Fax	
-----------	-----	--

This request is made on behalf of myself and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number 20872

This request is enclosed in triplicate (including any attachments).

Name	Cameron A. King	Registration No.	41,897
Signature	<i>Cameron A. King</i>		
Date	2-25-04		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile to facsimile number 703-873-9308 addressed to:
 Commissioner for Patents, on the date shown below.

Dated: _____ Signature: _____ (Christa Carter)

sf-1648571